

**2018-19 MOUNTAIN RIDGE HIGH SCHOOL COMMUNITY SCHOOLS
WINTER BASEBALL CAMP
Grades K - 8**

*** AIA BRAINBOOK Certificate must be on file. If new to MRHS must be attached with registration in order to participate. There will be no exceptions. Instructions below****

Go to: <http://aiaacademy.org/>

Select Concussion - Brainbook

Register as a student

Enter demographic information

Select sport this season and any season in the future-record all future sports

Complete **FREE** course with a passing score

Print certificate and attach it to the camp registration

Camp Dates: Tuesday Jan. 2nd – Wednesday 3rd, 2019

Times: 8:00AM – 12:00PM Fee: \$100.00 (Hat & Shirt Included)

PAYMENT OPTIONS: mrhsathletics.com, check at time of camp, or pay in bookstore

CAMP STAFF – ALL VARSITY COACHES, FORMER AND CURRENT PLAYERS

REGISTRATION FORM

PARTICIPANT'S NAME: _____
Parent/Guardian: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____
ADULT Shirt Size: _____ Hat Size: S Med L XL (Circle One)
Email Address: _____

**** This camp fee is non-refundable after the start of camp****

To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in this community schools program. Be it known that I, the undersigned parent/guardian/participant of the named student/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment or care to said participant as, in the judgment of the instructor, may be required on an emergency basis, in the event said participant should be injured or stricken ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor. (Participant must have medical insurance to participate.)

NAME OF PARTICIPANT: _____
PARENT/GUARDIAN/PARTICIPANT (if over 18) SIGNATURE: _____
INSURANCE COVERAGE COMPANY: _____
POLICY NUMBER: _____ GROUP # _____

The Deer Valley Unified School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Any inquires regarding nondiscrimination polices may contact the Superintendent's Office at 20402 N. 15th Avenue, Phoenix, Arizona 85027. 623.445.5000.

